

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	09/482,684
	Filing Date	January 14, 2000
	First Named Inventor	Takenori IDEHARA
	Art Unit	2625
	Examiner Name	S. M. Brinich
	Attorney Docket No.	325772014000

Please change the Correspondence Address for the above-identified application to:

☒ The address associated with Customer Number:

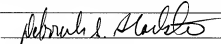
OR

<input type="checkbox"/> Firm or Individual Name				
Address				
City		State	Zip	
Country				
Telephone			Email	

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
☐ Assignee of record of the entire interest.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☒ Attorney or agent of record. Registration Number 43,636
☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature 	
Typed or Printed Name <u>Deborah S. Gladstein</u>	
Date <u>October 2, 2008</u>	Telephone <u>(703) 760-7753</u>
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	
<input type="checkbox"/> *Total of _____ forms are submitted.	